



A Public Service Agency

Traffic Violator School Unit
Mail Station: N229
P. O. Box 825383
Sacramento, CA 94232-5383

**APPLICATION FOR TRAFFIC VIOLATOR SCHOOL
CHANGE OF DBA, ADDITIONAL DBA,
CHANGE OF BUSINESS ADDRESS
OR DUPLICATE LICENSE**

FOR DEPARTMENT USE	
DATE RECEIVED IN DMV OFFICE	
TOTAL FEE	RECEIPT NO.
ISSUED BY	ASSIGNED DISTRICT

- | | FEE |
|--|---------|
| <input type="checkbox"/> CHANGE OF DBA —Mail application and fee directly to the TVS Unit | \$70.00 |
| <input type="checkbox"/> ADDING AN ADDITIONAL DBA —Mail application and fee directly to the TVS Unit | \$70.00 |
| <input type="checkbox"/> CHANGE OF BUSINESS ADDRESS —Submit application and fees directly to your local Inspection Office | \$70.00 |
| <input type="checkbox"/> DUPLICATE LICENSE —Mail application and fee directly to the TVS Unit | \$15.00 |

OWNER NAME	TVS LICENSE NUMBER. TVS
CURRENT DBA NAME	BUSINESS TELEPHONE NUMBER. ()

D B A	PROPOSED SCHOOL NAME (DBA)				
	IF THIS APPLICATION IS FOR AN ADDITIONAL DBA, IDENTIFY JUDICIAL DISTRICTS IN WHICH THIS NAME IS TO APPEAR ON FUTURE TVS CLASSROOM LISTS AND ATTACH THE REQUIRED NAME APPROVAL FORMS				
A D D R E S S C H A N G E	STREET ADDRESS		CITY	STATE	ZIP
	*MAILING ADDRESS (IF DIFFERENT FROM ABOVE)		CITY	STATE	ZIP
	FORMER BUSINESS ADDRESS				
	If property is LEASED or RENTED, attach a copy of the lease or rental agreement and complete the following:				
	PROPERTY OWNER'S FULL NAME		PROPERTY OWNER'S ADDRESS		CITY
					DAY TELEPHONE NO.
	*A Mailing address different from the school's primary business address will only be recognized and used by DMV if the application includes a certification from the Post Office that mail cannot or will not be delivered to the business office address.				
	Will classroom instruction be given at this location? <input type="checkbox"/> YES <input type="checkbox"/> NO				
	If yes, telephone number to be used on the TVS Classroom Location List _____				
The date the location will be ready for DMV inspection is _____					
I have checked for compliance with safety regulations and the location meets all requirements of state law and local ordinances.					

D U P L I C A T E	On or about _____ my TVS owner's license was:			
	<input type="checkbox"/> Lost		<input type="checkbox"/> Identification Card Only	
	<input type="checkbox"/> Stolen		<input type="checkbox"/> Wall License Only	
	<input type="checkbox"/> Mutilated (must be surrendered)		<input type="checkbox"/> Both Wall License and Identification Card	

I hereby certify under penalty of perjury under the laws of the State of California that the information contained herein is true and correct to the best of my knowledge and belief.

DATE	SIGNATURE X	TITLE
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